

**EPA****FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**United States
Environmental Protection
AgencySection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act**WHERE TO SEND COMPLETED FORMS:** 1. TRI Data Processing Center
P.O. Box 1513
Lanham, MD 20703-1513
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR** 2002**SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
 (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

Craig Puljan, Plant ManagerCAS7/27/07**SECTION 4. FACILITY IDENTIFICATION**

4.1 TRI Facility ID Number

Facility or Establishment Name: Ash Grove Cement Company
 Facility or Establishment Name or Mailing Address (if different from street address):
 Street: 3801 E. Marginal Way So.
 Mailing Address: NA
 City/County/State/Zip Code: Seattle King WA 98134
 City/State/Zip Code: NA
 Country (Non-US):

4.2 This report contains information for:
 (Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name: Gerald J Brown Telephone Number (include area code): (206) 623-5596
 Email Address: NA

4.4 Public Contact Name: Craig Puljan Telephone Number (include area code): (206) 623-5596

4.5 SIC Code (s) (4 digits) Primary a. 3241 b. c. d. e. f.

4.6 Latitude Degrees: 47 Minutes: 34 Seconds: 10 Longitude Degrees: 122 Minutes: 20 Seconds: 50

4.7 Dun & Bradstreet Number(s) (9 digits) a. NA b. NA
4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. WA0009249616 b. NA
4.9 Facility NPDES Permit Number(s) (9 characters) a. NA b. NA
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA b. NA

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company: NA ☒
5.2 Parent Company's Dun & Bradstreet Number: NA ☒

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

98134SHGRV3801E

Toxic Chemical, Category or Generic Name

Chromium compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

1090

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Chromium Compounds

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

NA ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical: 3.2 Process the toxic chemical: 3.3 Otherwise use the toxic chemical:

a. ☒ Produce b. ☐ Import

If produce or import:

c. ☐ For on-site use/processing

d. ☐ For sale/distribution

e. ☒ As a byproduct

f. ☐ As an impurity

a. ☐ As a reactant

b. ☐ As a formulation component

c. ☐ As an article component

d. ☐ Repackaging

e. ☐ As an impurity

a. ☐ As a chemical processing aid

b. ☐ As a manufacturing aid

c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

A. Total Release (pounds/year*)
(Enter range code or estimate**)

B. Basis of Estimate
(enter code)

C. % From Stormwater

5.1 Fugitive or non-point air emissions NA ☐ 1.45 M

5.2 Stack or point air emissions NA ☐ 1.43 M

5.3 Discharges to receiving streams or water bodies (enter one name per box)

Stream or Water Body Name

5.3.1 NA

5.3.2

5.3.3

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	981345HGRV3801E
	Toxic Chemical, Category or Generic Name
Chromium compounds	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

	NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1B Other landfills	<input checked="" type="checkbox"/>		
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3 Surface Impoundment	<input checked="" type="checkbox"/>		
5.5.4 Other disposal	<input checked="" type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B. <u> </u>	POTW Name	NA
POTW Address		
City	State	County Zip

6.1.B. <u> </u>	POTW Name	
POTW Address		
City	State	County Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. <u> </u> Off-Site EPA Identification Number (RCRA ID No.)	NA
Off-Site Location Name	NA
Off-Site Address	
City	State County Zip Country (Non-US)
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

98134546RV3801E

Toxic Chemical, Category or Generic Name

Chromium Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY



Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1 2 3 4 5 6 7 8		%	Yes No
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2 3 4 5 6 7 8		%	Yes No
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8		%	Yes No
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8		%	Yes No
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 3 4 5 6 7 8		%	Yes No

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box : (example: 1,2,3, etc)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number <div style="border: 1px solid black; padding: 2px;">98134SHGAV3801E</div>	
		Toxic Chemical, Category or Generic Name <div style="border: 1px solid black; padding: 2px;">Chromium compounds</div>	

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]
 1
 2
 3
 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]
 1.
 2.
 3.
 4.
 5.
 6.
 7.
 8.
 9.
 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	57.8	2.88	3.0	3.0
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			NA	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	